

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 980990  
APPLICANT(S)

FILING DATE

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP.		* IND. DEP.		* IND. DEP.	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.		↓		↓		TOTAL DEP.		↓		↓	
TOTAL CLAIMS		↓		↓		TOTAL CLAIMS		↓		↓	